FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

#### **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees. IA ETHICS AND for state office must be filed electronically and effective January 1, 2012, all PAIGN DISCLOSURE Extended and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State 2012 JUL -9 AM 9: 47
Parties must be filed electronically.

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) **FORM** DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: (Rev. 12/2009) REPORT (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC ( For Office Use Only Comm. # 38 11 ) Local Ballot Issue Logged In CANDIDATE COMMITTEES ONLY: Political Party (if applicable) Candidate Name Scanned Computer Audited District (if Senate or House) Office Sought om Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A Indicate by # TCHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) .....\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL \$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ......\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ YES NO CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

COMMITTEE NAME	(Must be sa	ame asson	Statement of Organization)
Water	1	1110 49011	otatement of Organization)
or anne	300	Su	pervisor
	CONTRACTOR OF STREET		

A STREET, SQUARE,	A CONTRACTOR OF THE PARTY OF TH	15 gerver		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/6/12	ID# CK# /00/	Wright Co Monites Clarion & a 5010,	ads in paper	\$ 223.00
6/6/12	ID# CK# /002	Belmond Andep. Belmond, Ja	ads in paper	276,00
6/8/12	CK#/003	PSI Belmond, La	ads past card	1106.15
6/6/12	ID# CK# <i>1 60 Y</i>	Eagle More Eagle Eagle, Hour Sa	thank you ad	23,48
6/30/12	CK# /005	Belmond Ind. Belmond, de	thank you ad	24.00
7/5/12	ID# CK# / 00 % ID#	DSI Behnond, da	pens w/ ad printed on	246.10
	CK#			
	ID# CK#	2 12		

SUB-TOTAL

TOTAL (if last page of this schedule)

\$1898.65

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page \_\_\_\_\_ of \_\_\_\_

### For Instructions, See Back of Form

#### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

CHECK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX
Watne for Supervisor	AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR			
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOI FUND- RAISER
6/6	ID# CK#	Stem Watne 26+5 Systemas aus Stem Watne 50401 2625 Sycamore Salt, Fa 50101	Self	\$ 1800.	INCOM
7/5	ID# CK#	Stan Watre 50001 2675 Sycamore	seef	1250	b
	ID#	Salt, 4a 50101			
	ID# CK#				
	ID# CK#	· · · · · · · · · · · · · · · · · · ·			
	ID#				
	ID#				
	ID#				
	CK#				
	CK#		-	9	
	CK#				
			SUB-TOTAL	\$	A contract to the second to the second

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

TOTAL (if last page of this schedule)